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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/701,056
Filing Date	11/04/2003
First Named Inventor	Charles J. Zaplec
Art Unit	
Examiner Name	RECEIVED
Attorney Docket Number	AEIPT0106 CENTRAL FAX CENTER

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

APR 20 2004

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The applicants have engaged new patent counsel.


The reasons for this request are:

CORRESPONDENCE ADDRESS

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<input type="checkbox"/> Firm or Individual Name	appliedE, Inc.		
Address	126 West Neck Road		
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Date	04/20/2004	Telephone No.	703-248-9220

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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